

1. CIR./DIST./DIV. CODE GUX	2. PERSON REPRESENTED VARATHARASA, THIRUNAVUKARASU		VOUCHER NUMBER			
3. MAG. DKT./DEF. NUMBER 1:06-00022-001	4. DIST. DKT./DEF. NUMBER 1:06-00043-001	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name) U.S. v. VARATHARASA	8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant	10. REPRESENTATION TYPE (See Instructions) Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section). If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 22 2778B.F -- REGISTRATION AND LICENSING REQUIREMENTS						
12. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request: Authorization to obtain the service. Estimated Compensation: \$ _____ OR Approval of services already obtained to be paid for by the United States from the Defender Services Appropriation. (Note: Prior authorization should be obtained for services in excess of \$500) Signature of Attorney _____ Date _____ Panel Attorney Retained Atty Pro-Se Legal Organization Attorney's name (First name, Middle initial, Last name, including suffix) and mailing address. _____ Telephone Number: _____						
13. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES (See Instructions) 15. Court Order Financial eligibility of the person represented having been established to the court's satisfaction, the authorization requested in Item 12 is hereby granted. Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of authorization. <input type="checkbox"/> YES <input type="checkbox"/> NO		14. TYPE OF SERVICE PROVIDER <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> 01 Investigator 02 X Interpreter/Translator 03 Psychologist 04 Psychiatrist 05 Polygraph Examiner 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services </td> <td style="width:50%; vertical-align: top;"> 20 Legal Analyst/Consultant 21 Jury Consultant 22 Mitigation Specialist 23 Duplication Services (See Instructions) 24 Other (specify) _____ </td> </tr> </table>			01 Investigator 02 X Interpreter/Translator 03 Psychologist 04 Psychiatrist 05 Polygraph Examiner 06 Documents Examiner 07 Fingerprint Analyst 08 Accountant 09 CALR (Westlaw/Lexis, etc) 10 Chemist/Toxicologist 11 Ballistics Expert 13 Weapons/Firearms/Explosive Expert 14 Pathologist/Medical Examiner 15 Other Medical Expert 16 Voice/Audio Analyst 17 Hair/Fiber Expert 18 Computer (Hardware/Software/Systems) 19 Paralegal Services	20 Legal Analyst/Consultant 21 Jury Consultant 22 Mitigation Specialist 23 Duplication Services (See Instructions) 24 Other (specify) _____
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16. SERVICES AND EXPENSES (Attach itemization of services and expenses with dates)		AMOUNT CLAIMED	MATH/TECHNICAL ADJUSTED AMOUNT	ADDITIONAL REVIEW		
a. Compensation						
b. Travel Expenses (lodging, parking, meals, mileage, etc.)						
c. Other Expenses						
17. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix) and MAILING ADDRESS TIN: _____ Telephone Number: _____ CLAIMANT'S CERTIFICATION FOR PERIOD OF SERVICE FROM _____ TO _____ CLAIM STATUS Final Interim Payment Number _____ Supplemental Payment I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee: _____ Date: _____						
18. CERTIFICATION OF ATTORNEY: I hereby certify that the services were rendered for this case. Signature of Attorney: _____ Date: _____						
19. TOTAL COMPENSATION	20. TRAVEL EXPENSES	21. OTHER EXPENSES	22. TOT. AMT APPROVED/CERTIFIED			
23. <input type="checkbox"/> Either the cost (excluding expenses) of these services does not exceed \$500, or prior authorization was obtained. <input type="checkbox"/> Prior authorization was not obtained, but in the interest of justice the court finds that timely procurement of these necessary services could not await prior authorization, even though the cost (excluding expenses) exceeds \$500. Signature of Presiding Judicial Officer _____ Date _____ Judge/Mag. Judge Code _____						
24. TOTAL COMPENSATION	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMOUNT APPROVED			
28. PAYMENT APPROVED IN EXCESS OF THE STATUTORY THRESHOLD UNDER 18 U.S.C. 3006A(e)(3) Signature of Chief Judge, Court of Appeals (or Delegate) _____ Date _____ Judge Code _____						